

TOUR GUIDE PERMIT APPLICATION

Tour Company:* Company affiliation is required and will be verified Business Tax Certificate is required.		companies, a current Tour
Name:	Phone #	·
Mailing Address:		
Email Address:		
Social Security #:	Driver's License #:	
State: Date of Birth:	Place of Birth:	Sex:
Race: Age: Weight:	Height: Eye Co	lor: Hair:
The undersigned acknowledges that Savannah ordinances, policies, and requirements relating to this permit. The undersigned hereby authorizes a background check for eligibility to ob-	maps related to this permit the City of Savannah to rev	and is familiar with the
In signing this application, the unde the Tour services ordinance.	rsigned claims to meet the	qualifications outlined in
The undersigned understands that a be grounds for rejection of the apundersigned should be resolved prior	oplication. In addition, any	
Print Name		
Signature of Applicant		Date



PLEASE COMPLETE THE FOLLOWING:

This application is for which type of permit: \Box tour guide \Box walking & step-on guide				
I have been a resident of Savannah for years months.				
Previous address if less than three years:				
Are you a citizen of the United States? \square Yes \square No				
Have you been convicted of driving under the influence of drugs or alcohol within the past two years? \Box Yes \Box No. If yes, when?				
Have you been convicted of reckless driving within one year prior to the date of this application? \Box Yes \Box No. If yes, please list offenses and date:				
Have you been convicted of any crime related to transporting persons for immoral purposes (i.e. prostitution, solicitation, or any sex related offense) within the past three years prior to this application? \square Yes \square No. If yes explain:				
Have you at any time in the past three years prior to the date of this application been convicted of, been on probation for, paroled or served time for a felony? \Box Yes \Box No. If yes, explain:				



Preferred Meth Check one:	od of Receiving Updates	
□ Mail	□ Email	
safety and welf City ordinances revocation of m	swear or affirm that I will cooperate in all matters rare of the public whom I serve. I understand that is pertaining to this permit will subject me to fines, say permit. I understand that falsification or misreprall result in revocation of my permit.	any infraction of the suspension, and/or
O'ma a tura a f A a		D-1-
Signature of Ap	pplicant	Date

OFFICIAL USE ONLY				
Required documentation	Date Submitted	Verified by		
Tour Company Verified				
Background check from the SCMPD no more than 90 days old				
Fitness For Duty Statement (Horse Drawn Carriage Operators Only)				
Satisfactory score on the City's Tour Guide Test				
Comments:				